

HHS PUBLISHES INTERIM FINAL RULE ADOPTING CAQH CORE OPERATING RULES FOR ELIGIBILITY AND HEALTH CARE CLAIMS STATUS TRANSACTIONS

The Department of Health and Human Services (HHS) has published an Interim Final Rule (IFR), with a 60 day comment period, adopting the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Operating Rules for Eligibility and Claim Status Transactions. According to the IFR, covered entities must comply with the Operating Rules by January 1, 2013.

Operating rules are intended to be business rules and guidelines that are necessary for the electronic exchange of information but are not defined by a standard. The operating rules cannot conflict with existing HIPAA Standards. Essentially, the goal of using operating rules is to reduce ambiguities and the need for proprietary interactions.

With this IFR, HHS concluded that CAQH CORE is qualified to be the operating rules authoring entity for non-retail-pharmacy related eligibility for a health plan (X12 270/271) and claims status (X12 276/277) standard transactions. In addition, HHS also determined that the Operating Rules for the National Council for Prescription Drug Programs (NCPDP) standard were not necessary because the NCPDP standard already provides enough detail and clarity. The IFR goes on to formally adopt CAQH CORE Phase I and II Operating Rules for these two HIPAA transactions. These Phase I and II operating rules include eight (8) rules that address Eligibility, one (1) that addresses Claims Status, and one (1) that addresses both the Eligibility and Claims Status Transactions. Details about each Phase I and II Operating Rules are available on the CAQH CORE [website](#).

Adopted CAQH CORE Phase I Operating Rules by HHS include:

- Phase I CORE 152 for Eligibility and Benefit Real Time Companion Guide Rule and CORE Version 5010 Master Companion Guide Template
- Phase I CORE 153 for Eligibility and Benefits Connectivity Rule
- Phase I CORE 154 for Eligibility and Benefits 270/271 Data Content Rule
- Phase I CORE 155 for Eligibility and Benefits Batch Response Time Rule
- Phase I CORE 156 for Eligibility and Benefits Real Time Response Time Rule
- Phase I CORE 157 for Eligibility and Benefits System Availability Rule

Adopted CAQH CORE Phase II Operating Rules by HHS include:

- Phase II CORE 250 for Claim Status Rule and CORE Version 5010 Master Companion Guide Template
- Phase II CORE 258 for Eligibility and Benefits 270/271 Normalizing Patient Last Name Rule
- Phase II CORE 259 for Eligibility and Benefits 270/271 AAA Error Code Reporting Rule
- Phase II CORE 260 for Eligibility and Benefits Data Content
- Phase II CORE 270 for Connectivity Rule (for Eligibility and Claims Status Transactions)

Adoption of these Operating Rules will impact the Military Health System's (MHS) direct and purchased care operations. For example, since the Military Treatment Facilities (MTFs) use the X12 270/271 Eligibility transaction to verify eligibility for care in the MTFs the Operating Rules will need to be applied to this transaction. The Operating Rules will also need to be applied to the X12 270/271 Eligibility transactions and X12 276/277 Claims Status transactions used by the Managed Care Support Contractors to receive and respond to TRICARE eligibility and claims status inquiries. The Information Management (IM) Division of TRICARE Management Activity is currently developing high-level requirements for system and business changes necessary for meeting the specifications of the CORE Phase I and II Operating Rules.

To view the IFR published by HHS, please [click here](#).

Please send any comments and questions to HIPAAATCSIMail@tma.osd.mil